

BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO. _____		FILING DATE _____		
						APPLICANT(S) _____				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	X						51			
2	X						52			
3	X						53			
4	X						54			
5	X						55			
6	X						56			
7	X						57			
8	X						58			
9	X						59			
10	X						60			
11	X						61			
12	X						62			
13	X						63			
14	X						64			
15	X						65			
16	X						66			
17	X						67			
18	X						68			
19	X						69			
20	X						70			
21	X						71			
22	X						72			
23	X						73			
24	X						74			
25	X						75			
26	X						76			
27	X						77			
28	X						78			
29	X						79			
30	X						80			
31	X						81			
32	X						82			
33	X						83			
34	X						84			
35	X						85			
36	X						86			
37	X						87			
38	X						88			
39	X						89			
40	X						90			
41	X						91			
42	X						92			
43	X						93			
44	X						94			
45	X						95			
46	X						96			
47	X						97			
48	X						98			
49	X						99			
50	X						100			
TOTAL IND.	1						TOTAL IND.			
TOTAL DEP.	1						TOTAL DEP.			
TOTAL CLAIMS	1						TOTAL CLAIMS			
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										